September 7, 1980 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1982)  U. S. Cost Reimbursable  (Department, bureau, or establishment)						PAID BY			
Voucher prepared at(Give place and date)					17				
- 4 4 N. 809						COPY / OF3			
IIII VINABB BILLEN,					$I_i$				
Го		(Payee)							
	·		(State)		. L				
	(Address)	ldress) (City)			UNIT PRICE		AMOUNT		
No. and Date of Order Or Se	Delivsry (Enter de scho	scription, Item number of contract or rederated the second recessary and other information deemed necessary	supply y)	QUANTITY	Cost	Per	Dollars	Cts.	
		rms				·	9	92	
-	Costs								
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			ė		l				
PAYMENT: Complete									
Partial		*							
Final		Use continuation sheet(s) if necessary  Weight Governmen	+ B/I No		!	Total	9	92	
Shipped from	to	17 018.10	(Pa	yee must NO	T use this	s space)			
I certify that the above b	ill is correct and just an	d that payment has not been received.	Differe	ences					
OT A TINITI	(Sign orlg	inal only)							
STATIŅTL <sub>1</sub>	<u> </u>		1					002	
Dat				ount verified		0r 12/12	-1	77.	
Per			(Sig	gnature or in Date	itials)	Invoice Rec	'd.		
Contract No. A101		Date Reg. No.		Date			1 1		
Pursuant to authority ves	sted in me, I certify that	t this account is correct and proper for payment				4	23/56	ź	
† Appr						fficer)			
		SIGN ORIGINAL Title			<u>/</u>	S	TATINT	<u>L</u>	
By GONTRAC'	TING OFFICER	JG ONLY							
Title		STATINTL Date	a creuped W	TUANT WRITTE	N AGREEME)	IT IN ANY FOR	 М		
THE		T BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICE:					`		
	ACCOUNTING CL	ASSIFICATION (Appropriation Symbol must b	be shown; o	other classifi	cation opt	ional)			
S <del>TATINTL</del>									
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	VING OFFICER	APR 3 U 1956				•			
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